



Date:

To:

From: Deborah R. Mills, Employee Benefits & Services Officer, Human Resources & Affirmative Action *Deborah R. Mills*

Subject: **DEPENDENT INSURANCE COVERAGE ELIGIBILITY**

The following are the Health Insurance eligibility rules for the City of Long Beach:

- ◆ Employees must be permanent full-time City employees.
- ◆ New employees hired on the 1st through the 4th of the month are eligible on the 1st of the following month (i.e. hired July 1 – eligible August 1).
- ◆ New employees hired on or following the 5th of the month are eligible on the 1st of the month following or coinciding with one full month of employment (i.e. hired July 5 – eligible September 1).

Eligible dependents include legal spouse and dependent children of eligible employees. Unmarried dependent children are eligible from birth through age 18. The upper age limit for unmarried full-time students, dependent on the eligible employee for at least one-half of their support, are covered through age 25.

Eligible dependents include:

- ◆ Legal spouse (a divorced spouse is not eligible)
- ◆ Same sex domestic partner (handled exclusively by Human Resources)
- ◆ Unmarried natural children
- ◆ Unmarried step-children
- ◆ Disabled unmarried adult children
- ◆ Adopted unmarried children
- ◆ Unmarried foster children covered under legal custody (***see verification**)

All children must be dependent on the employee or spouse for support.

NOTE: Brothers, sisters, mothers, fathers, grandparents, grandchildren, aunts, uncles, nieces, nephews, cousins, etc. are NOT eligible dependents.

All employees will be required to provide eligibility verification for their spouse and dependents in the form of the following:

Verification for dependent spouse:

- ◆ Marriage License or Certificate

Verification for same sex domestic partner:

- ◆ State or City of Long Beach Registration
- ◆ Contact Human Resources for further verification required

Verification for dependent children (one of the following):

- ◆ Birth Certificate
- ◆ Baptismal Certificate
- ◆ Physician Statement for Disabled Adult Children
- ◆ Court Order for Adoption
- ◆ *Court Order for Legal Custody of Foster Children Placed in a Certified Foster Home
- ◆ Final Decree of Divorce (require only that portion that list names of dependent(s))

Verification for dependent full-time student:

- ◆ Any of the above verifying documents for dependent children and an appropriate federal tax return (require only the page that lists names of dependent(s))

Health insurance benefits are provided only to eligible employees and their dependents. Wrongful verification of dependent eligibility is employee misconduct and possibly fraud against the City of Long Beach. This misconduct will result in disciplinary action, including possible termination.

Please complete the attached Dependent Insurance Coverage Eligibility (DICE) Verification form and return it to your Payroll Personnel Assistant, who will advise you if additional information is needed.

Department of Human Resources & Affirmative Action
Employee Benefits & Services Division

**DEPENDENT INSURANCE COVERAGE ELIGIBILITY (DICE)
VERIFICATION FORM**

Employee Name: _____

Social Security #: _____ Department: _____

Dependent Name	Relationship (Spouse, Child, etc.)	Date Of Birth	Verification Type (Birth Certificate, etc.)

Please ensure that you notify your Departmental Payroll/Personnel Assistant immediately of any changes regarding your dependent(s).

I have read and understand the eligibility rules. I certify that those persons names above are my legal spouse and/or eligible dependent(s). I understand that I must provide verification of their eligibility as soon as possible. If after **three months** from the date of this memorandum, I have not provided such proof, I understand any dependent not demonstrated as eligible will be dropped from the City health and dental plans.

My signature below acknowledges receipt of a copy of this document and the accompanying memorandum.

SIGNATURE

DATE